CITY OF EVERETT RENTAL ASSISTANCE PROGRAM

# AFFIDAVIT CONCERNING RENTAL AGREEMENT IN SUPPORT OF APPLICATION FOR ASSISTANCE

# \* TO BE COMPLETED BY THE TENANT

In support of the application of (Applicant) for assistance made on (Date) to the City of Everett Rental Assistance Program I hereby swear under the pains and penalties of perjury that I have personal knowledge of the following facts:

1. I reside in the residential unit located at .
2. I pay $ per month for rent and I make the payment to

 .

1. The duration of the rental agreement is from

to .

**Tenant Name:**

**Tenant Signature:**

**Date:**

CITY OF EVERETT RENTAL ASSISTANCE PROGRAM

# AFFIDAVIT CONCERNING RENTAL AGREEMENT IN SUPPORT OF APPLICATION FOR ASSISTANCE \* TO BE COMPLETED BY THE LANDLORD

In support of the application of (Applicant) for assistance made on (Date) to the City of Everett Rental Assistance Program I hereby swear under the pains and penalties of perjury that I the information contained in this affidavit is true and correct to the best of my knowledge.

1. I receive payment of $ per month from (*Applicant)* for use of the residential unit located at (*Property Address.)*
2. I acknowledge and agree that as a condition of receiving rental assistance through the City of Everett Rental Assistance Program, I will accept partial payment of rent as necessary. The payment up to $5000 may cover current rent, future rent, or arrears.
3. I understand that any such payments will be made directly to me on behalf of the applicant.

**Landlord Name:**

**Landlord Signature:**

**Date:**